

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 91
Registrar's No. 42

1. Place of Death: (a) County Gravina (b) City or Town Pima (c) Location 60 yrs (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 60 yrs; In Community 60 yrs; In Arizona 60 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz (b) County Gravina (c) City or Town Pima
(If outside city limits also write RURAL)
(d) Street No. 60 yrs (e) Citizen of foreign country (Yes or No)
If Yes, which country 60 yrs
3. (a) FULL NAME Loretta L. Cluff (b) If Veteran name war 60 yrs (c) Social Security No. 60 yrs

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Widow
(b) Name of husband or wife Walter G. Cluff (c) Age of husband or wife, if alive 60 yrs
7. Birthdate of deceased June 8 1867
(Month) (Day) (Year)
8. AGE: Years 78 Months 1 Days 9 If less than one day hrs. min.
9. Birthplace Springville Utah
(City, town or county) (State or Country)
10. Usual Occupation Housewife
11. Industry or Business Home
12. Name John W. Johnson
13. Birthplace Unknown
(City, town or county) (State or Country)
14. Maiden Name Louis Collins
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Earl J. Cluff
(b) Address Box 212 Pima Ariz
17. (a) Burial, Cremation or Removal Burial
(b) Place Pima Ariz (c) Date 7/22/45
18. (a) Embalmer's Signature W. C. Rawson
(b) Funeral Director Safford Ariz
(c) Address Safford Ariz
19. (a) July - 20, 1945
(b) W. Stratton M.D.
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 18 1945
TIME (Hour and minute) 10 P. M.
21. I hereby certify that I attended the deceased from June 1, 1944 to June 16, 1944
that I last saw him alive on June 16, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial infarction
Due to arteriosclerosis
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
DURATION 62 weeks
10 years
16 years
PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
Signature W. Stratton M.D. Address Safford Date signed 7-20-45